

Member Name \_\_\_\_\_

## Summer Camp 2017 Checklist

### ***Before Your Child(ren) Comes to Camp, you must have turned in:***

- A completed Membership Registration Form
- A completed Summer Camp Information Form
- Signed a payment policy & fee acknowledgement form
- Signed a field trip permission form
- A report of physical examination conducted during the preceding 24 months signed by a licensed health care provider
- A certificate of immunization
- A copy of a Birth Certificate
- Parent Handbook Signature Page
- You have paid a **Non-refundable** \$30.00 Membership Registration Fee (Non-Members Only)
- You have left a **Non-refundable** \$30.00 deposit for each session your child(ren) will be attending.

### ***If the following apply to your child, you must also have turned in:***

- Documentation of medical history of health conditions or impairments which may affect the child's activities while attending camp, signed by a licensed health care provider
- Individual Health Care Plan signed by a licensed health care provider
- Emergency Medication & Medication Consent Form
- Custody Agreement



# Summer Camp 2017 Information Form

Summer Camp 2017 is the Boys & Girls Club of Chicopee school-aged summer day camp program. We are licensed by the City of Chicopee and provide program and activities for youth ages 5 through 12 (5 year olds must have completed kindergarten), while their parents/guardians are working or attending school. Summer Camp is designed to provide each child with a summer of fun, enjoyment and new learning experiences in a safe environment. A balanced program of activities is offered with both individual and group participation.

Member Name: \_\_\_\_\_

**Member Identification Information**

**Survey:**

How did you hear about our camp??

- Current Member     Social Media  
 School Flyer     TV Ad  
 Newspaper Ad     Chamber of Commerce

Eye Color:

Hair Color:

Skin Color:

Height:

Weight:

Other Identifying Marks:

**Sessions:**

My child will attend the following: (Check all that apply)

- Session 1: July 3 – 7 \*     Early Drop Off     Late Pick Up  
 Session 2: July 10 – 14     Early Drop Off     Late Pick Up  
 Session 3: July 17 – 21     Early Drop Off     Late Pick Up  
 Session 4: July 24 – 28     Early Drop Off     Late Pick Up  
 Session 5: July 31 - Aug. 4     Early Drop Off     Late Pick Up  
 Session 6: Aug. 7 – 11     Early Drop Off     Late Pick Up  
 Session 7: Aug. 14 – 18     Early Drop Off     Late Pick Up  
 Session 8: Aug. 21 – 25     Early Drop Off     Late Pick Up

\*No Camp Tuesday, July 4<sup>th</sup>, in observance of Independence Day

\_\_\_\_\_ Initial that you have read this information.

**Drop off/Pick Up Policy:**

Parents/Guardians 18 years of age or older must drop off and walk their child(ren) into the building to sign them in as well as pick them up and sign them out by 4:30/5:30 PM, and provide Positive I.D. each time at pick up. Camp begins promptly at 8:45, please arrive on time! If a positive I.D. is not provided, child(ren) will not be released. If parent/guardian does not pick up their child on time, the staff will call a parent/guardian at work or home. If unable to reach parent they will call the emergency number, if no answer, they will continue to call both the parent/guardian and emergency number every five (5) minutes. If no contact is made within an hour, the Program Director will contact the proper authorities. A fee will be charged of \$1.00 per minute for each minute past 5:30PM that you are late in picking up your child. If someone else is designated to pick up your child, staff needs to be informed prior to pick up time and must provide positive I.D. for pick up. Please call 592-6707 if you know you are going to be late to make staff aware of this circumstance. Continued lateness by parents/guardians will result in suspension of child from the program. This permission form is valid for one program year from date of signature.

\_\_\_\_\_ Initial that you have read this information.

**Eligibility & Fees:**

\$168.00 Weekly  
Camp Hours: 7:30 am– 5:30 pm

A non-refundable \$30.00 deposit per session is required at time of registration for each child.

\$30.00 registration is required at time of registration for non-members.

All sessions must be paid in FULL on Fridays prior to your child(ren)'s week of attendance.

\_\_\_\_\_ Initial that you have read this information

**What We Need:**

- A completed Summer Fun Club Information Form  
 A completed Membership Registration Form (non-members)  
 A completed physical **signed by a doctor** and submitted 10 days prior to the program session is required. Your child cannot attend the Summer Camp until the Boys & Girls Club of Chicopee has received this form.  
 Copy of your child's Birth Certificate  
 \$30.00 Non-Refundable Deposit for each session.  
 \$30.00 Non-Refundable Registration fee (for non-members)

**Member Swim Level:**

- Non-Swimmer     Beginner     Intermediate     Advanced

**Authorization & Consent for Emergency Medical Treatment:**

I understand every effort will be made to contact me in the effort of an emergency requiring medical attention for my child. However, if I or any emergency contact cannot be reached I hereby authorize the Boys & Girls Club of Chicopee to transport my child to the \_\_\_\_\_ Hospital (or nearest emergency health care facility/hospital) and to secure for my child the necessary medical treatment. I understand the staff in the Summer Camp program are trained in the basics of First Aid and CPR for children and adults and I authorize them to give my child first aid when appropriate.

\_\_\_\_\_ Initial that you have read this information.

**Registration & Policy Signature Form:**

I have received a Boys & Girls Club of Chicopee Summer Camp Guide which contains the Club's policies, rules and regulations of the program. I am hereby enrolling my child into the Boys & Girls Club of Chicopee's Summer Camp. I agree that I and all other authorized persons, 18 years of age or older who will drop off and pick up my child will follow Club policies.

\_\_\_\_\_ Parent/Guardian Name (Please Print)

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date



**BOYS & GIRLS CLUB  
OF CHICOPEE**

Only complete forms with payment will be processed

**Membership Application**  
Application Fee \$30.00 per Program

For Office Use Only	
<input type="checkbox"/> Fee Received	Date: _____
Fee Plan: _____	Date: _____
Membership # _____	In system _____

CVT or CHA Use Only	
Stamp:	
Date: Initials _____	Date: _____

Program Start Date: \_\_\_\_\_

**Program (check one):**

- CASPER (Grade K – Age 12)
- Drop - In Youth (Age 6 in Grade 1 – Age 12)
- Drop - In Teen Senecal Teen Center (Ages 13 - 18)
- Drop - In Teen Evenings (Ages 13 - 18) \$30 or \$1.00 per night

**Type of Membership (Check one):**

- New Membership
- Renew Membership

**Member Information:**

First Name: \_\_\_\_\_ (Nick Name) \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
month day year

School: \_\_\_\_\_ Did your child progress to the next grade on time?  Yes  No

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Is Child a foster child?  Yes  No  
 Does Child have a history with the Juvenile Justice System?  Yes  No  
 Has Child been adjudicated? (Found guilty of a delinquent act)  Yes  No  
 Does child have any physical, emotional or behavior issues that we should be aware of?  Yes  No

If you answered YES to any of these above questions, membership approval may require a meeting with the Associate and Program Directors so that we may better understand and serve your child.

**Parent Guardian Information:**

Parent/Guardian #1 \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ **Would you like to receive text message reminders?**  
 Yes  No

Home Address (If Different than Member): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ **Married to Parent/Guardian #2:**  Yes  No **Military:**  Yes  No

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Unemployed:**  Yes  No

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ **Would you like to receive text message reminders?**  
 Yes  No

Home Address (If Different than Member): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ **Married to Parent/Guardian #1:**  Yes  No **Military:**  Yes  No

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Unemployed:**  Yes  No

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Only complete forms with payment will be processed

**Emergency Contact Information:**

**EMERGENCY CONTACTS** (in addition to parents/guardians above) **MANDATORY – your form will not be processed if left blank**

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Information:**

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies and or Limitations: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Has your child been diagnosed with any condition including behavioral?  Yes  No If yes, please list \_\_\_\_\_

If your child has any undiagnosed conditions/concerns please list so we may help him/her be more successful (ex. extreme shyness, anxiety, hyperactivity, etc.) \*Please see last page to give details\* \_\_\_\_\_

Emergency Hospital: \_\_\_\_\_

Does your child have a Dentist?  Yes  No

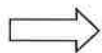
I authorize the Boys & Girls Club staff that are trained in the basics of first aid and/or CPR to give my child first aid when appropriate. I give permission to the Boys & Girls Clubs of Chicopee to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Demographic Information: REQUIRED**

<p><b>Racial Group:</b> (check all that apply)</p> <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian & White <input type="checkbox"/> African American & White <input type="checkbox"/> Other: Multi Racial	<p><b>Ethnic Group:</b></p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<p><b>Member lives with...</b> (check all that apply)</p> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent/s <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Family <input type="checkbox"/> Brother/s: How many? ___ <input type="checkbox"/> Sister/s: How many? ___	<p><b>Do You Live in Public Housing?</b> (check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Do You Live in Section 8 Housing?</b> (check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Assistance Programs</b> (check all that apply)</p> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Social Security <input type="checkbox"/> TANF(Temporary Assistance for Needy Families) <input type="checkbox"/> Other _____																																																
<p><b>Language most used at home:</b> (check one)</p> <input type="checkbox"/> English <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<p><b>Total # of People in Household</b> (check one)</p> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	<p><b>Single Parent?</b> (check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No			<p><b>School Lunch Program</b> (check one)</p> <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Brings Lunch/Pays for Lunch																																																
		<p><b>Household Income: (Based on your household size please circle the income that most accurately reflects your household)</b></p> <table border="1"> <thead> <tr> <th>Household Size</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>Less than 20,600</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>20,600</td> <td>23,200</td> <td>25,750</td> <td>27,850</td> <td>29,950</td> <td>31,950</td> <td>34,000</td> </tr> <tr> <td></td> <td>34,400</td> <td>38,700</td> <td>42,950</td> <td>46,400</td> <td>49,850</td> <td>53,300</td> <td>56,700</td> </tr> <tr> <td></td> <td>51,150</td> <td>57,550</td> <td>63,900</td> <td>69,050</td> <td>74,150</td> <td>79,250</td> <td>84,350</td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="2">Greater than 84,350</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Household Size	2	3	4	5	6	7	8				Less than 20,600						20,600	23,200	25,750	27,850	29,950	31,950	34,000		34,400	38,700	42,950	46,400	49,850	53,300	56,700		51,150	57,550	63,900	69,050	74,150	79,250	84,350				Greater than 84,350				
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**Transportation and Authorization for DROP IN PROGRAMS only:**

My child will depart from the Boys & Girls Clubs by:

- Unsupervised Walk
- Supervised Walk: by Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_
- Pick Up (By parents, emergency or authorized contacts)

Other Authorized Contacts for Pick-up (Must be 18+ years old):

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_ Phone: \_\_\_\_\_

- Should departure methods change requests must be stated in writing and maintained in the child's file or the above plan must be implemented. Please inform program staff of any changes. Verbal or written permission and picture ID is required for anyone not included on the list above.
- Parent and Club members are responsible for their own transportation to and from the Club.
- As a drop-in facility, staff supervision is limited to inside the building. We recommend that you and your child set some firm rules about leaving the club, visiting friends in the neighborhood, going to the store, etc.

**Consents:**

<p><b>My child has permission to leave the Building with staff on field trips.</b> (ex: Parks, playgrounds):</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p><b>My Child has permission to use computers at the Club:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p><b>My child has permission to Watch PG-13 movies:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Please Initial: _____</p>	<p><b>My child has permission to be used in public relation materials for the Boys &amp; Girls Clubs of Chicopee</b> (that is, to have their picture and/or name in newspapers, newsletters, and/or any other promotional materials and to offer them for use or distribution in other non-Boys &amp; Girls Clubs publications, electronic or otherwise, without notifying me. I hereby waive any right to inspect or approve the finished photographs, videos, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs or videos.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Please Initial: _____</p>
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**Parent Release Form:**

I, the parent/guardian of the minor child listed on the application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Chicopee, and the Boys & Girls Clubs of America, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above Organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

**School Information**

I give my permission to the Boys & Girls Club of Chicopee and \_\_\_\_\_ School to exchange information regarding my child, \_\_\_\_\_. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, in the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's School or the Boys & Girls Clubs in writing.

**Information Exchange**

I give my permission to the Boys & Girls Club of Chicopee and health and public safety officials to exchange information regarding my child, \_\_\_\_\_. This release is valid for one year and may be revoked at any time by writing to the Boys & Girls Clubs of Chicopee.

**Surveys and Questionnaires**

I, the parent/guardian of \_\_\_\_\_, give permission for Boys & Girls Clubs of Chicopee to survey my child about his or her Club experience and behaviors, skills and attitudes using Boys & Girls Clubs of America's Youth Development Outcome Measurement Tool Kit surveys or other survey instruments.

**Technology**

As a member of the Boys & Girls Club, my child will have access to the Internet. While precautions are taken by the Boys & Girls Clubs of Chicopee, it is possible that s/he may access sites inappropriate for him/her. The Boys & Girls Clubs will have rules and consequences for such behavior. However, I will not hold the Boys & Girls Clubs of Chicopee or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

**Miscellaneous**

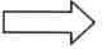
I authorize the Boys & Girls Club of Chicopee to release my child to all parent/guardians, emergency and authorized contacts listed above. In the event that parent/guardian, emergency and authorized contacts cannot be reached, I hereby give my permission to the physician selected by the Boys & Girls Club of Chicopee to hospitalize and secure treatment for my child.

**Disclaimer**

I hereby give permission for my child to become a member of the Boys and Girls Clubs of Chicopee. I understand that the Club is not responsible for personal injury or loss of personal property and that I will be financially responsible for any intentional damage or vandalism to the Club caused by my child.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Your signature confirms that all information provided above is true and accurate



**Additional Information:**

If your child has any undiagnosed conditions/concerns (ex. extreme shyness, anxiety, hyperactivity, etc.) that you listed on the first page, please give details here. Please include information on how we can help your child when dealing with these concerns. Any tips on how to help your child will help us ensure a successful/happy experience here at the Boys & Girls Club of Chicopee.

Condition/Concern/Behavior: \_\_\_\_\_

What we should look out for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details (tips/tricks/suggestions) on how to help:

\_\_\_\_\_  
\_\_\_\_\_  
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